

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2				/		
3		2		/		
4		2		/		
5		2		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
14	1					
15		1		/		
16		2		/		
17		2		/		
18		2		/		
19	1					
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TOTAL IND.	3		2			
TOTAL DEP.	21	←	18	←		←
TOTAL CLAIMS	24		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						